

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N13539 (4)**

1. Corporation Name  
**NORSEMAN'S HARBOUR PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business: **3013 LOOKOUT BOULEVARD. SOUTH PORT ST. LUCIE FL 34984**  
Mailing Address: **3013 LOOKOUT BOULEVARD. SOUTH PORT ST. LUCIE FL 34984**

3. Date Incorporated or Qualified: **02/21/1986**  
3a. Date of Last Report: **05/01/1995**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>4</b> FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-2941500</b>	Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	<b>6</b> Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>30</b> Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LONGLEY, WILLIAM W  
3009 LOOKOUT BLVD. S.  
PORT ST. LUCIE FL 34984**

<b>81</b> Name	<b>85</b> Zip Code
<b>KEEFE, MICHAEL</b>	<b>FL 34984</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>3007 LOOKOUT BLVD. S.</b>	
<b>83</b>	
<b>84</b> City	
<b>PORT ST. LUCIE</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Michael Keefe DATE: **2-14-96**

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONGLEY, WILLIAM W			1.2 NAME	KEEFE, MICHAEL		
STREET ADDRESS	3009 LOOKOUT BLVD. S.			1.3 STREET ADDRESS	3007 LOOKOUT BLVD S.		
CITY-ST-ZIP	PORT ST. LUCIE FL			1.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34984		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONGLEY, DALE A			2.2 NAME	MEYER, ROBERT		
STREET ADDRESS	3009 LOOKOUT BLVD. S.			2.3 STREET ADDRESS	3003 LOOKOUT BLVD S.		
CITY-ST-ZIP	PT. ST. LUCIE FL			2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEEFE, MICHAEL			3.2 NAME	MEYER, JOAN		
STREET ADDRESS	3007 LOOKOUT BLVD. S.			3.3 STREET ADDRESS	3003 LOOKOUT BLVD		
CITY-ST-ZIP	PT. ST. LUCIE FL			3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RAY M			4.2 NAME	Longley, WILLIAM		
STREET ADDRESS	2983 LOOKOUT BLVD. S.			4.3 STREET ADDRESS	3009 LOOKOUT BLVD S.		
CITY-ST-ZIP	PT. ST. LUCIE FL			4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEYER, ROBERT			5.2 NAME	NIELSON CHRIS		
STREET ADDRESS	8003 LOOKOUT BLVD. S.			5.3 STREET ADDRESS	2985 LOOKOUT BLVD S		
CITY-ST-ZIP	PT. ST. LUCIE FL			5.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34984		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, EDWARD			6.2 NAME			
STREET ADDRESS	2991 LOOKOUT BLVD. S.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PT. ST. LUCIE FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael E. Keefe DATE: **(467) 336-3307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #